



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

YS ORTHOPEDICS, PLLC

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-13-2978-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

JULY 10, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This was an impairment rating for which we only received partial payment. CPT code 99456 with modifier RE was denied after reconsideration was sent in."

Amount in Dispute: \$500.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor, selected by the treating doctor, performed MMI and IR exams. These were billed with 99456-WP and paid by Texas Mutual. The requestor also billed 99456-RE for a Return to Work (RTW) exam as well. Texas Mutual declined to issue payment of the RTW exam for the following reason. Rule 134.204(k) indicates that when an examining doctor conducting a Division or insurance carrier requested RTW exam the doctor should use code 99456 with modifier 'RE.' Since the RTW exam was not done pursuant to a request of DWC or Texas Mutual, the requestor is not eligible for payment of 99456-RE."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 30, 2012	CPT Code 99456-RE	\$500.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20, effective January 29, 2009, sets out the rule for medical bill submission by a Health Care Provider.
3. 28 Texas Administrative Code §134.204, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - CAC-W1-Workers compensation state fee schedule adjustment.
 - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was

- processed properly.
- 891-No additional payment after reconsideration.
- 892-Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.
- CAC-18-Duplicate claim/service.

Issues

Did the Designated Doctor bill for the Return to Work evaluations in accordance with medical fee guideline?

Findings

According to the explanation of benefits, the respondent denied reimbursement for the RTW examination, CPT code 99456-RE, based upon reason code "892." A review of the submitted documentation and Division rules finds:

- A. Was the medical bill submitted in accordance with 28 Texas Administrative Code §133.20(e)(2)?
- 28 Texas Administrative Code §133.20(e)(2) states "A medical bill must be submitted: in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care."
 - Sless, Yury, MD is listed in box 31 of the medical bill.
 - The Designated Doctor examination report is signed by Patrick Waikem, D.C., CEDIR

No documentation was submitted to support that Dr. Waikem was an unlicensed individual that required Dr. Yury's supervision. The Division concludes that the medical bill was not submitted in accordance with 28 Texas Administrative Code §133.20(e)(2).

- B. Did the requestor use the appropriate modifier per 28 Texas Administrative Code §134.204?
- 28 Texas Administrative Code §134.204(i)(1)(E) states "The following shall apply to Designated Doctor Examinations. (1) Designated Doctors shall perform examinations in accordance with Labor Code §§408.004, 408.0041 and 408.151 and Division rules, and shall be billed and reimbursed as follows: Ability of the employee to return to work shall be billed and reimbursed in accordance with subsection (k) of this section, with the use of the additional modifier 'W8'."
 - 28 Texas Administrative Code §134.204(n)(23) defines the "W8" modifier as "Designated Doctor Examination for Return to Work--This modifier shall be added to the appropriate examination code performed by a designated doctor when determining the ability of employee to return to work."

A review of the submitted medical billing finds that the requestor did not append modifier "W8" for the return to work examination. The Division concludes that the requestor did not bill for the RTW examination in accordance with 28 Texas Administrative Code §134.204(i)(1)(E).

- C. Does the documentation support that the Division or respondent requested the RTW examination?
- 28 Texas Administrative Code §134.204(k) states "The following shall apply to Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a Division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT Code 99456 with modifier "RE." In either instance of whether MMI/IR is performed or not, the reimbursement shall be \$500 in accordance with subsection (i) of this section and shall include Division-required reports. Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee."
 - The respondent states in the position summary that "Since the RTW exam was not done pursuant to a request of DWC or Texas Mutual, the requestor is not eligible for payment of 99456-RE."

A review of the submitted documentation does not support that the Division or insurance carrier requested a RTW examination. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	10/30/2014
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.